

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033163
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Mike McBride Trees inc.
Address P.O. Box 396
City Teton Village State WY Zip 83025

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 4 North ☒ or South ☐
Rge. 45 East ☒ or West ☐
Sec. 18 1/4 SE 1/4 20 1/4
Gov't Lot _____ County Teton
Lat: _____ Long: _____
Address of Well Site hates rd City Driggs
(Give at least name of road + Distance to Road or landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0'</u>	<u>18'</u>	<u>600#</u>	<u>overhole</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>12"</u>	<u>0'</u>	<u>120'</u>	<u>.80</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson Screen

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>115'</u>	<u>135'</u>	<u>10 S</u>	<u>10</u>	<u>10"</u>	<u>Stainless</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
50 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

12. WELL TEST:
☐ Pump ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGY (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>14"</u>	<u>0'</u>	<u>20'</u>	<u>ay Sand gravel</u>		☒
<u>12"</u>	<u>20'</u>	<u>60'</u>	<u>ay Sand gravel</u>	☒	
<u>10"</u>	<u>60'</u>	<u>90'</u>	<u>ay Sand gravel</u>	☒	
<u>10"</u>	<u>90'</u>	<u>105'</u>	<u>clay</u>		☒
<u>10"</u>	<u>105'</u>	<u>115'</u>	<u>clay gravel mostly Sand</u>	☒	
<u>11"</u>	<u>115'</u>	<u>135'</u>	<u>clay gravel clay</u>	☒	

RECEIVED
SEP 20 2004
Department of Water Resources
Eastern Region

Completed Depth 135' (Measurable)
Date: Started 8-3-04 Completed 8-18-04

14. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Over the Hill Drilling Firm No. 518
Principal Driller: [Signature] Date 8-23-04
and
Driller or Operator: [Signature] Date 8-18-04
Operator I _____ Date _____
Operator II _____ Date _____
Operator must have signature of Driller/Operator II.